

APPLICATION FOR WELL CONSTRUCTION/DESTRUCTION PERMIT

City of Orange Public Works Department-Water Division
waterinfo@cityoforange.org

189 S. Water Street, Orange, CA 92866
 714-288-2475 phone; 714-744-2973 fax

WELL LOCATION _____ Assessor Parcel No. _____ _____ Number Street City	<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DESTRUCTION <input type="checkbox"/> OTHER	APPLICATION DATE _____ _____ Nearest Intersection _____
Name of Well Owner _____	Name of Consulting Firm _____	
Address Zip Code _____	Business Address Zip Code _____	
City Telephone _____	City Telephone _____	
Name of Contractor _____	Well Depth _____ Feet	CASING Steel _____ PVC _____ Other _____
Contractor's License Number _____	Diameter _____ Inches	
Address Zip Code _____	Type and Quantity of Sealing Material to be used: _____	
City Telephone _____	Method of Construction/Destruction (Attach details/Standard/Information) _____	
Intended use of well: _____	_____	
Diagram of Well Location (attach additional sheets): _____	I hereby agree to comply with all requirements of the OMC 13.40 and with all ordinances and laws of the City of Orange and of the State of California pertaining to well construction, reconstruction and destruction.	
Disposition of Application (for Office Use only): ____ Denied ____ Approved with conditions Other _____	Applicant's Signature _____ Date _____ _____ _____ Print Name Phone and Fax Number	
WELL PERMIT #: Date: _____ Permit Issued by: _____ Date: _____ Permit Approved by: _____ Date: _____ Permit Approved by: _____	Field Observations by City Inspector: _____	

WHEN SIGNED BY CITY OF ORANGE WATER DIVISION REPRESENTATIVE, THIS APPLICATION IS A PERMIT. NOTIFY CITY OF ORANGE PUBLIC WORKS INSPECTION, 48 HOURS PRIOR TO START OF WORK AT PWINSPECTION@CITYOFORANGE.ORG

NOTE: PERMIT SHALL REMAIN IN EFFECT FOR ONE YEAR FROM THE DATE OF ISSUANCE (PER OMC 13.40.050 ITEM B)